PTO/SB/05 (08-03)

Approved for use through 07/31/2006. OMB 0651-0032

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	UTI	LITY	Attorney Docket No.	193			
PΑ		PPLICATION	First Inventor	John L. Loth			— <u>P</u> TO
TRANSMITTAL		Title	Bearing Life Extend			Si	
(Only for nev	v nonprovisional ap	oplications under 37 CFR 1.53(b))	Express Mail Label No.	ERS	74312	5390	<u>US</u>
	APPLICATIO	N ELEMENTS ng utility patent application contents.	ADDRESS TO:	Mail Stop Paten Commissioner P.O. Box 1450 Alexandria VA	for Patents		03917
1. Fee Tran (Submit a Applican See 37 Ca Specifica (preferred - Descrip - Cross Fastarm - Referer or a cor - Backgra - Brief St Brief Dataile - Claim(s - Abstract 4. Drawing 5. Oath or Decka a. New b. Cop (for i Appli	nsmittal Form (e.m original and a dunt claims small en CFR 1.27. ation of arrangement set ative title of the inverse to Relate ent Regarding Fed ince to sequence lismputer program list oound of the Inventiummary of the Inventiummary of the Inventiummary of the Discourse of the Disclosure (g(s) (35 U.S.C. 1) aration why executed (original aration of the Discourse of the Discours	g., PTO/SB/17) plicate for fee processing) ntity status. [Total Pages12] forth below) ntion dd Applications sponsored R & D ting, a table, ing appendix on ntion awings (if filed) [Total Sheets] ginal or copy) plication (37 CFR 1.63(d)) sional with Box 18 completed) NVENTOR(S) ttached deleting inventor(s) pplication, see 37 CFR (b). et. See 37 CFR 1.76	Computer Professional Computer Professional Computer (if applicable, all n a. Computer it. Compu	ecessary) er Readable Forn cation Sequence D-ROM or CD-R aper ents verifying ide NYING APPL at Papers (cover s 73(b) Statement e is an assignee) enslation Docume n Disclosure (IDS)/PTO-1449 y Amendment ceipt Postcard (N e specifically item copy of Priority De priority is claimed ation Request un). Applicant must valent.	uence Submi m (CRF) Listing on: (2 copies); o entity of above LICATION sheet & document (if application of application of application of application of attach form F	e copies PARTS ment(s)) wer of corney ble) pies of IDS tations	
18. If a CONTIL	NUING APPLICA	ATION, check appropriate box, and su	ipply the requisite inform	ation below and i	n the first sen	itence of the	
_	specification following the title, or in an Application Data Sheet under 37 CFR 1.76: Continuation Divisional Continuation-in-part (CIP) of prior application No.:						
Prior application information: Examiner For CONTINUATION OF DIVISIONAL APPS only; The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 5b, is considered a part of the disclosure of the accompanying continuation or divisional application and is hereby incorporated by reference. The incorporation can only be relied upon when a portion has been inadvertently omitted from the submitted application parts. 19. CORRESPONDENCE ADDRESS							
Custon	mer Number:		OI	Corresp	ondence add	Iress below	
Name	WVURC West	Virginia University Research Corpora	tion Office of Technology	Transfer Attn: D	r. Shannon S	Sheehan	
Address	Po Box 6216						
City	Morgantown	ntown State We			Zip Code	26506-6216	
Country	United States		Telephone 304-293-71		Fax	304-293-749	8
Name (Print/Type) Dr. Shannon Sheehan Registration No. (Attorney/Agent)							
Signature	M	round Had	mes	tain a ha-afit his ti	Date	10/30/	d by the
This collection of	of information is re	quired by 37 CFR 1.53(b). The information	on is required to obtain or re	etain a penerit by the	ne public which	2 minutes to c	omplete.

This collection of information is required by 37 CFR 1.53(b). The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. ADDRESS. SEND TO: Mail Stop Patent Application, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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FEE TRANSMITTAL for FY 2003

Effective 01/01/2003. Patent fees are subject to annual revision.

Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT

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(2)	329	.uu

The state of the s				
Complete if Known				
Application Number				
Filing Date	10/23/03			
First Named Inventor	JohnL. Loth			
Examiner Name				
Art Unit				
Attorney Docket No.	193			

METHOD OF PAYMENT (check all that apply)	FEE CALCULATION (continued)				
Check ✓ Credit card Money Other None	3. ADDITIONAL FEES				
Deposit Account:	Large Entity Small Entity				
Denosit	Fee Fee Code (\$)	Fee Fee Fee Description Code (\$) Fee	Dala		
Account Number 5405015415457744	1051 130	2051 65 Surcharge - late filing fee or oath	Paid		
Deposit Account	1052 50	2052 25 Surcharge - late provisional filing fee or			
Name	1053 130	cover sheet 1053 130 Non-English specification			
The Commissioner is authorized to: (check all that apply) Charge fee(s) indicated below Credit any overpayments	1812 2,520	1812 2,520 For filing a request for <i>ex parte</i> reexamination			
Charge any additional fee(s) during the pendency of this application	1804 920*	1804 920* Requesting publication of SIR prior to			
Charge fee(s) indicated below, except for the filing fee	4005 4 0404	Examiner action	\longrightarrow		
to the above-identified deposit account.	1805 1,840*	1805 1,840* Requesting publication of SIR after Examiner action			
FEE CALCULATION	1251 110	2251 55 Extension for reply within first month			
1. BASIC FILING FEE	1252 410	2252 205 Extension for reply within second month			
Large Entity Small Entity	1253 930	2253 465 Extension for reply within third month			
Fee Fee Fee Fee Pee Pee Paid Code (\$) Code (\$)	1254 1,450	2254 725 Extension for reply within fourth month			
1001 750 2001 375 Utility filing fee 385.00	1255 1,970	2255 985 Extension for reply within fifth month	\longrightarrow		
1002 330 2002 165 Design filing fee	1401 320	2401 160 Notice of Appeal			
1003 520 2003 260 Plant filing fee	1402 320	2402 160 Filing a brief in support of an appeal			
1004 750 2004 375 Reissue filing fee	1403 280	2403 140 Request for oral hearing			
1005 160 2005 80 Provisional filing fee	1451 1,510	1451 1,510 Petition to institute a public use proceeding			
SUBTOTAL (1) (\$) 385.00	1452 110	2452 55 Petition to revive - unavoidable			
2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE	1453 1,300	2453 650 Petition to revive - unintentional			
Fee from	1501 1,300	2501 650 Utility issue fee (or reissue)			
Total Claims 36 .20** = 16 x 9 = 144	1502 470	2502 235 Design issue fee			
Independent 2**	1503 630	2503 315 Plant issue fee			
Claims - 3 = L - 1 A L - 1 - 2 - 3 - 3 - 3 - 3 - 3 - 3 - 3 - 3 - 3	1460 130	1460 130 Petitions to the Commissioner			
Large Entity Small Entity	1807 50	1807 50 Processing fee under 37 CFR 1.17(q)	——		
Fee Fee Fee Fee Description	1806 180	1806 180 Submission of Information Disclosure Stmt			
Code (\$) Code (\$) 1202 18 2202 9 Claims in excess of 20	8021 40	8021 40 Recording each patent assignment per property (times number of properties)			
1201 84 2201 42 Independent claims in excess of 3	1809 750	2809 375 Filing a submission after final rejection (37 CFR 1.129(a))			
1203 280 2203 140 Multiple dependent claim, if not paid	1810 750	2810 375 For each additional invention to be examined (37 CFR 1.129(b))			
1204 84 2204 42 ** Reissue independent claims over original patent	1801 750	2801 375 Request for Continued Examination (RCE)			
1205 18 2205 9 ** Reissue claims in excess of 20 and over original patent	1802 900	1802 900 Request for expedited examination of a design application	\Box		
SUBTOTAL (2) (\$) 529.00	Other fee (sp				
**or number previously paid, if greater; For Reissues, see above	*Reduced by Basic Filing Fee Paid SUBTOTAL (3) (\$)				
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S. Hamber prev	readily paid, if greater, 1 or resided, det	σουτστικέ (σ) (φ)			
SUBMITTED BY		(Complete (if applicable)			
Name (Print/Type)	Shannon Sheehan	Registration No. (Attomey/Agent)	Telephone 304-293-716		i 0
Signature	Muse fly	linear	Date	10/2303	

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